

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		4/2	1/23/61
FORMALITY REVIEW	TZ	5C947	02/12/01
RESPONSE FORMALITY REVIEW	HA	858	03-06-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	1/23/61
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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